

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION		71530	1/15
O.I.P.E. CLASSIFIER		4	1/12/
FORMALITY REVIEW		71121	1/12/37
RESPONSE FORMALITY REVIEW	55	61134	3-26-C1

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓ 1/2/02	
2 ✓ 1/2/02	
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50 ✓ N	

Claim	Date
Final	
Original	
51 ✓ 1/2/02	
52 ✓ N	
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59 ✓ N	
60 ✓ N	
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69 ✓ N	
70 ✓ N	
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89 ✓ N	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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